

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

**Physician's Report for
Medication or Treatment
and Request for Hearing**

Name of Subject

Case No. _____

Date of Birth

Report of Physician

I am a licensed physician and based upon my examination of the subject individual, I state:

1. The subject is mentally ill, drug dependent, alcoholic, or developmentally disabled.
2. The subject needs medication or treatment that would be therapeutic.
3. The medication or treatment will not unreasonably impair the subject's ability to prepare for and participate in future court proceedings.
4. I have explained to the subject the advantages and disadvantages and alternatives to accepting medication or treatment. Due to the subject's condition, the subject is incapable of expressing an understanding of the advantages and disadvantages and alternatives to accepting this particular medication or treatment, or is substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his or her condition in order to make an informed choice as to whether to accept or refuse medication or treatment, with the result being that the subject is not competent to refuse medication or treatment due to his or her condition.

Signature of Physician

Name of Facility

Name Printed or Typed

Phone Number

Date

Request for Hearing

I request the court conduct a hearing at a date, time, and place set by the court, to determine whether the subject is competent to refuse medication or treatment and grant an appropriate order.

Signature of Corporation Counsel

Date

Name of Corporation Counsel

Address

Telephone Number

Bar Number